

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)**

Full Name (Last, First, Middle Initial)

## **A. Terri Cammarano**

Mailing Address One Hoag Drive

City State Zip Code  
 Newport Beach CA 92658

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hoag Memorial Hospital Presbyterian

Occupation

Vice President/Chief Legal Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 15 / 2014

**Transaction ID : INCA12427**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **B. Charles Harrison**

Mailing Address Post Office Box 70

City State Zip Code  
 Lake Arrowhead CA 92352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

San Bernardino Mountains Community Hos

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 15 / 2014

**Transaction ID : INCA12430**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Cheryl Jacob**

Mailing Address 24451 Health Center Drive

City State Zip Code  
 Laguna Hills CA 92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saddleback Memorial Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 15 / 2014

**Transaction ID : INCA12425**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00